

St. Rita Catholic Church

3815 Russell Road • Alexandria, Virginia 22305 • (703) 836-1640 • StRitaSecretary@gmail.com

2017 - 2018 BAPTISM REGISTRATION

Desired Date of Baptism: \_\_\_\_\_ Date Baptism Class Taken: \_\_\_\_\_

Note: All date requests are subject to Father's schedule & church availability. Attendance @ a Baptism Class is mandatory before baptism can be performed. Classes occur every 1st Tuesday of the month 6:30 --7:00 pm in the Parish Center Conference Room (enter front door on Russell Rd; Conference Room is the 2nd to last door on the left) YOU MUST CALL THE OFFICE TO REGISTER FOR THE BAPTISM CLASS: Karen Davidson (703) 836-1640 Ext 12

2017 - 2018 Baptism Class Dates (circle one): 2/6/2017 3/7/2017 4/4/2017 5/2/2017 6/6/2017 7/4/2017 8/1/2017 9/5/2017 10/3/2017 11/7/2017 12/5/2017 1/2/2018 2/6/2018 3/6/2018

Baptism Rite (check one): [ ] ORDINARY RITE (current popular use) [ ] EXTRA-ORDINARY RITE (pre-Vatican II, some Latin, special blessings)

Please print or type clearly. This information will be used to prepare the Baptismal Certificate and to record the Baptism in our Church Registry.

Full Name of Child \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child's Place of Birth (City/State) \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

Email Address (both parents) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

WERE THE PARENTS MARRIED BY A ROMAN CATHOLIC PRIEST, OR PROTESTANT MINISTER/RABBI WITH THE PROPER PERMISSION? Yes [ ] No [ ]

Godfather's Full Name \_\_\_\_\_ Catholic? \_\_\_\_\_

Godmother's Full Name \_\_\_\_\_ Catholic? \_\_\_\_\_

Will either Godparent be represented by a Proxy? Yes [ ] No [ ] If yes, Proxy's Name \_\_\_\_\_

Was this child privately Baptized? (i.e., in the hospital at birth) Yes [ ] No [ ] Adopted? Yes [ ] No [ ]

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OFFICE USE: Registered Parishioner Yes [ ] No [ ] Date Attended Pre-Baptism Class \_\_\_\_\_